

State Annual Ombudsman Report to the Administration on Aging

Agency or organization which
sponsors the State Ombudsman Program: _____

Part I — Cases, Complainants and Complaints

A. Provide the total number of *cases opened* during reporting period.

Case: *Each inquiry brought to, or initiated by, the ombudsman on behalf of a resident or group of residents involving one or more complaints or problems which requires opening of a case file and includes ombudsman investigation, fact gathering, setting of objectives and/or strategy to resolve, and follow-up.*

B. Provide the *number of cases closed*, by type of facility/setting, which were received from the types of complainants listed below.

Closed: *Ombudsman activity on a case has stopped for any of the following reasons: 1) resolution or partial resolution, 2) by request of complainant, 3) complaint(s) unresolvable, 4) complaint(s) not verified, 5) resident died and no further investigation was required or 6) complaint(s) referred to other agency for resolution and final disposition was not obtained and/or reported to ombudsman.*

Complainants:	Nursing Facility	B&C, ALF, RCF, etc.*	Other Settings
1. Resident	_____	_____	_____
2. Relative/friend of resident	_____	_____	_____
3. Non-relative guardian, legal representative	_____	_____	_____
4. Ombudsman/ombudsman volunteer	_____	_____	_____
5. Facility administrator/staff or former staff	_____	_____	_____
6. Other medical: physician/staff	_____	_____	_____
7. Representative of other health or social service agency or program	_____	_____	_____
8. Unknown/anonymous	_____	_____	_____
9. Other; specify types:	_____	_____	_____

Total number of *cases closed* during the reporting period:

C. For *cases which were closed* during the reporting period (those counted in B above), provide the *total number of complaints received*:

Complaint: *A concern brought to, or initiated by, the ombudsman for investigation and action by or on behalf of one or more residents of a long-term care facility relating to health, safety, welfare or rights of a resident. One or more complaints constitute a case.*

* Board and care, assisted living, residential care and similar long-term care facilities, both regulated and unregulated

D. Types of Complaints, by Type of Facility

Below and on the following pages provide the total number of *complaints* for each specific complaint category, for nursing facilities and board and care or similar type of adult care facility. The first four major headings are for complaints involving action or inaction by staff or management of the facility. The last major heading is for complaints against others outside the facility. See Instructions for additional clarification and definitions of types of facilities and selected complaint categories.

Ombudsman Complaint Categories

Residents' Rights	Nursing Facility	B&C, ALF, RCF, similar
A. Abuse, Gross Neglect, Exploitation (<i>willful</i> mistreatment of residents)		
1. Abuse, physical (including corporal punishment)	_____	_____
2. Abuse, sexual	_____	_____
3. Abuse, verbal/mental (including involuntary seclusion)	_____	_____
4. Financial exploitation (use E for less severe financial complaints)	_____	_____
5. Gross neglect (use categories under Resident Care for non-willful forms of neglect)	_____	_____
6. Resident-to-resident physical or sexual abuse	_____	_____
7. Other - specify:	_____	_____
B. Access to Information by Resident or Resident's Representative		
8. Access to own records	_____	_____
9. Access to ombudsman/visitors	_____	_____
10. Access to facility survey	_____	_____
11. Information regarding advance directive	_____	_____
12. Information regarding medical condition, treatment and any changes	_____	_____
13. Information regarding rights, benefits, services	_____	_____
14. Information communicated in understandable language	_____	_____
15. Other - specify:	_____	_____
C. Admission, Transfer, Discharge, Eviction		
16. Admission contract and/or procedure	_____	_____
17. Appeal process - absent, not followed	_____	_____
18. Bed hold - written notice, refusal to readmit	_____	_____
19. Discharge/eviction - planning, notice, procedure, implementation	_____	_____
20. Discrimination in admission due to condition, disability	_____	_____
21. Discrimination in admission due to Medicaid status	_____	_____
22. Room assignment/room change/intrafacility transfer	_____	_____

23. Other - specify: _____

Part I, Types of Complaints, cont.

**Nursing
Facility****B&C, ALF, RCF.
similar****D. Autonomy, Choice, Preference, Exercise of Rights, Privacy**

24. Choose personal physician, pharmacy _____
25. Confinement in facility against will (illegally) _____
26. Dignity, respect - staff attitudes _____
27. Exercise preference/choice and/or civil/religious rights (includes right to smoke) _____
28. Exercise right to refuse care/treatment _____
29. Language barrier in daily routine _____
30. Participate in care planning by resident and/or designated surrogate _____
31. Privacy - telephone, visitors, couples, mail _____
32. Privacy in treatment, confidentiality _____
33. Response to complaints _____
34. Reprisal, retaliation _____
35. Other - specify: _____

E. Financial, Property (Except for Financial Exploitation)

36. Billing/charges - notice, approval, questionable, accounting wrong or denied (includes overcharge of private pay residents) _____
37. Personal funds - mismanaged, access/information denied, deposits and other money not returned (report criminal-level misuse of personal funds under A.4) _____
38. Personal property lost, stolen, used by others, destroyed _____
39. Other - specify: _____

Resident Care**F. Care**

40. Accidental or injury of unknown origin, falls, improper handling _____
41. Call lights, response to requests for assistance _____
42. Care plan/resident assessment - inadequate, failure to follow plan or physician orders (put lack of resident/surrogate involvement under D.30) _____
43. Contracture _____
44. Medications - administration, organization _____
45. Personal hygiene (includes nail care & oral hygiene) and adequacy of dressing & grooming _____
46. Physician services, including podiatrist _____
47. Pressure sores, not turned _____
48. Symptoms unattended, no notice to others of change in condition _____
49. Toileting, incontinent care _____
50. Tubes - neglect of catheter, NG tube (use D.28 for inappropriate/forced use) _____

Part I, Types of Complaints, cont.

**Nursing
Facility****B&C, ALF, RCF.
similar****F. Care**

51. Wandering, failure to accommodate/monitor _____

52. Other — specify: _____

G. Rehabilitation or Maintenance of Function

53. Assistive devices or equipment _____

54. Bowel and bladder training _____

55. Dental services _____

56. Mental health, psychosocial services _____

57. Range of motion/ambulation _____

58. Therapies — physical, occupational, speech _____

59. Vision and hearing _____

60. Other - specify: _____

H. Restraints - Chemical and Physical

61. Physical restraint - assessment, use, monitoring _____

62. Psychoactive drugs - assessment, use, evaluation _____

63. Other - specify: _____

Quality of Life**I. Activities and Social Services**

64. Activities - choice and appropriateness _____

65. Community interaction, transportation _____

66. Resident conflict, including roommates _____

67. Social services - availability/appropriateness/ (use G.56 for mental health,
psychosocial counseling/service) _____

68. Other - specify: _____

J. Dietary

69. Assistance in eating or assistive devices _____

70. Fluid availability/hydration _____

71. Menu/food service - quantity, quality, variation, choice, condiments, utensils _____

72. Snacks, time span between meals, late/missed meals _____

73. Temperature _____

74. Therapeutic diet _____

75. Weight loss due to inadequate nutrition _____

76. Other, specify: _____

Part I, Types of Complaints, cont.

**Nursing
Facility****B&C, ALF, RCF.
similar****K. Environment**

- 77. Air/environment: temperature and quality (heating, cooling, ventilation, water temperature, smoking) _____
- 78. Cleanliness, pests, general housekeeping _____
- 79. Equipment/building - disrepair, hazard, poor lighting, fire safety, no handicapped access, not secure _____
- 80. Furnishings, storage for residents _____
- 81. Infection control _____
- 82. Laundry — lost, condition, not used _____
- 83. Odors _____
- 84. Space for activities, dining _____
- 85. Supplies and linens _____
- 86. Other - specify: _____

Administration**L. Policies, Procedures, Attitudes, Resources** (See other complaint headings, of above, for policies on advance directive, due process, billing, management residents' funds)

- 87. Abuse investigation/reporting _____
- 88. Administrator(s) unresponsive, unavailable _____
- 89. Grievance procedure (use C for transfer, discharge appeals) _____
- 90. Inappropriate or illegal policies, practices, record-keeping _____
- 91. Insufficient funds to operate _____
- 92. Operator inadequately trained _____
- 93. Offering inappropriate level of care (for B&C's/similar) _____
- 94. Resident or family council/committee interfered with, not supported _____
- 95. Other - specify: _____

M. Staffing

- 96. Communication, language barrier (use D.29 if problem involves resident inability to communicate) _____
- 97. Shortage of staff _____
- 98. Staff training, lack of screening _____
- 99. Staff turn-over, over-use of nursing pools _____
- 100. Staff unresponsive, unavailable _____
- 101. Supervision _____
- 102. Other - specify: _____

Part I, Types of Complaints, cont.

Not Against Facility**Nursing
Facility****B&C, ALF, RCF.
similar****N. Certification/Licensing Agency**

- 103. Access to information (including survey) _____
- 104. Complaint, response to _____
- 105. Decertification/closure _____
- 106. Intermediate sanctions _____
- 107. Survey process _____
- 108. Survey process - ombudsman participation _____
- 109. Transfer or eviction hearing _____
- 110. Other - specify: _____

O. State Medicaid Agency

- 111. Access to information, application _____
- 112. Denial of eligibility _____
- 113. Non-covered services _____
- 114. Personal Needs Allowance _____
- 115. Services _____
- 116. Other - specify: _____

P. System/Others

- 117. Abuse/neglect/abandonment by family member/friend/guardian or, while on visit out of facility, any other person _____
- 118. Bed shortage - placement _____
- 119. Board and care/similar facility licensing, regulation _____
- 120. Family conflict; interference _____
- 121. Financial exploitation or neglect by family or other not affiliated with facility _____
- 122. Legal - guardianship, conservatorship, power of attorney, wills _____
- 123. Medicare _____
- 124. PASARR _____
- 125. Resident's physician not available _____
- 126. Protective Service Agency _____
- 127. SSA, SSI, VA, Other Benefits _____
- 128. Other, including request for less restrictive placement ¹- specify: _____

¹ Including work to implement the Supreme Court's Olmstead Decision

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Part I, Types of Complaints, cont.

**Nursing
Facility**

**B&C, ALF, RCF.
similar**

Total, categories A through P

Part I, Types of Complaints, cont.

**A. Complaints About Services in Settings Other Than Long-Term Care Facilities or
By Outside Provider in Long-Term Care Facilities (see instructions)**

129. Home care

130. Hospital or hospice

131. Public or other congregate housing not providing personal care

132. Services from outside provider (see instructions)

133. Other — specify:

Total, Heading Q.

Total Complaints*

*(Add total of nursing facility complaints; B&C, ALF, RCF, similar complaints and complaints in Q, above. Place this number in Part I, C on page 1.)

E. Action on Complaints: Provide for *cases closed* during the reporting period the total number of *complaints*, by type of facility or other setting, for each item listed below.

	Nursing Facility	B&C, ALF, RCF, similar	Other Settings
1. Complaints which were <i>verified</i>	_____	_____	_____
<div style="border: 1px solid black; padding: 5px;"> <p><i>Verified:</i> It is determined after work [interviews, record inspection, observation, etc.] that the circumstances described in the complaint are substantiated or generally accurate.</p> </div>			
2. <i>Disposition:</i> Provide for all complaints reported in C and D, whether verified or not, the number:			
a. For which government policy or regulatory change or legislative action is required to resolve (this may be addressed in the issues section)	_____	_____	_____
b. Which were not resolved* to satisfaction of resident or complainant	_____	_____	_____
c. Which were withdrawn by the resident or complainant	_____	_____	_____
d. Which were referred to other agency for resolution and:			
1) report of final disposition was not obtained	_____	_____	_____
2) other agency failed to act on complaint	_____	_____	_____
e. For which no action was needed or appropriate	_____	_____	_____
f. Which were partially resolved* but some problem remained	_____	_____	_____
g. Which were resolved* to the satisfaction of resident or complainant	_____	_____	_____
Total, by type of facility or setting	_____	_____	_____
Grand Total (Same number as that for total complaints on pages 1 and 7)	_____		
<div style="border: 1px solid black; padding: 5px;"> <p><i>*Resolved:</i> The complaint/problem was addressed to the satisfaction of the resident or complainant.</p> </div>			

F. Legal Assistance/Remedies (Optional) Discuss on an attached sheet the types and percentages of total complaints for which a) legal consultation was needed and/or used; b) regulatory enforcement action was needed and/or used; c) an administrative appeal or adjudication was needed and/or used; and d) civil legal action was needed and/or used. *If no change from previous year, type "no change" at space indicated.*

G. Complaint Description (Optional): Provide on an attached sheet a concise description of the most interesting and/or significant individual complaint your program handled during the reporting period. State the problem, how the problem was resolved and the outcome.

Part II — Major Long-Term Care Issues

A. Describe the priority long-term care issues which your program identified and/or worked on during the reporting period. For each issue, briefly state: a) the problem, b) barriers to resolution, and c) recommendations for system-wide changes needed to resolve the issue, or how the issue was resolved in your State.

B. *Facility Closures:* If your program has worked on facility closures, please include a description of these activities, including reasons for the closure(s) and outcomes of ombudsman activities.”

C. If your program has been involved in planning for alternatives to institutional care and/or has assisted individual residents to move to less restrictive settings of their choice, please describe these activities and provide an approximate number of the individuals who have been assisted.

Note: Do not use attachments when entering this material on the data input program provided for the report — the material will be lost. Enter the material in the box provided for this purpose in the data input program.

Part III - Program Information and Activities

A. Facilities and Beds:

1. How many **nursing facilities** are licensed and operating in your State? _____
2. How many **beds** are there in these facilities? _____
3. Provide the type-name(s) and definition(s) of the types of **board and care, assisted living, residential care facilities** and any **other adult care home** similar to a nursing or board and care facility for which you ombudsman program provides services, as authorized under Section 102(19) and (34), 711(6) and 712(a)(3)(A)(i) of the Older Americans Act. *If no change from previous year, type “no change” at space indicated.*
 - a) How many of **the board and care and similar adult care facilities** described above are **licensed** in your State? _____
 - b) How many **beds** are there in these facilities? _____

B. Program Coverage

Describe how your program provides statewide ombudsman coverage for nursing homes; board and care, assisted living, residential care and similar adult care facilities described in Part III, A.3 above. If you are not able to provide statewide coverage, what are the barriers and what do you plan to do to overcome the barriers? *If no change from previous year, type “no change” at space indicated.*

Statewide Coverage: Residents of both nursing homes and board and care homes (and similar adult care facilities) and their friends and families throughout the State have access to knowledge of the ombudsman program and how to contact it, and complaints received from any part of the State are investigated and documented and steps are taken to resolve problems in a timely manner, in accordance with Federal and State requirements.

C. Local Programs

Provide for each type of host organization the **number** of local or regional ombudsman entities (programs) designated by the State Ombudsman to participate in the statewide ombudsman program:

Local entities hosted by:

Area agency on aging _____

Other local government entity _____

Legal services provider _____

Social services non-profit agency _____

Free-standing ombudsman program _____

Regional office of State ombudsman program _____

Other; specify: _____

Total Designated Local Ombudsman Entities _____

D. Staff and Volunteers

Provide numbers of staff and volunteers, as requested, at State and local levels.

Type of Staff	Measure	State Office	Local Programs
Paid program staff	FTE's		
	Number people working full-time on ombudsman program		
Paid clerical staff	FTE's		
Volunteer ombudsmen certified to address complaints	Number volunteers		
<p><i>Certified Volunteer:</i> An individual who has completed a training course prescribed by the State Ombudsman and is approved by the State Ombudsman to participate in the statewide Ombudsman Program.</p>			
Other volunteers	Number volunteers		

E. Program Funding

Provide the amount of funds *expended* during the fiscal year from each source for your *statewide* program:

Federal - Older Americans Act (OAA) Title VII, Chapter 2 \$_____

Federal - Older Americans Act (OAA) Title VII, Chapter 3 \$_____

Federal - OAA Title III provided at State level \$_____

Federal - OAA Title III provided at AAA level \$_____

Other Federal; specify: \$_____

State funds \$_____

Local; specify: \$_____

Total Program Funding \$_____

F. Other Ombudsman Activities

Provide below and on the next page information on ombudsman program activities other than work on complain

Activity	Measure	State	Local
1. Training for ombudsman staff and volunteers	Number sessions		
	Number hours		
	Total number of trainees		
2. Technical assistance to local ombudsmen and/or volunteers	Estimated percentage of total staff time		
3. Training for facility staff	Number sessions		
	3 most frequent topics for training		
4. Consultation to facilities (Consultation: providing information and technical assistance, often by telephone)	3 most frequent areas of consultation		
	Number of consultations		
5. Information and consultation to individuals (usually by telephone);	3 most frequent requests/needs	<i>State</i>	
		<i>Local</i>	
	Number of consultations		

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Activity	Measure	State	Local
6. Resident visitation (other than in response to complaint)	Number Nursing Facilities visited (unduplicated)		
	Number Board and Care (or similar) facilities visited (unduplicated)		
7. Participation in Facility Surveys	Number of surveys		
8. Work with resident councils	Number of meetings attended		
9. Work with family councils	Number of meetings attended		
10. Community Education	Number of sessions		
11. Work with media	Number of interviews/discussions		
	Number of press releases		
12. Monitoring/work on laws, regulations, government policies and actions	Estimated percentage of total paid staff time (Note: the total of the percentage at each level in this item and item 2 should not add to more than 100%.)		